

## DEATH REVIEW COMMITTEE ATTENDANCE FORM

Date:\_\_\_\_\_ Time:\_\_\_\_\_ Location:\_\_\_\_\_

Decedent Name:\_\_\_\_\_ SSN:\_\_\_\_/\_\_\_\_/\_\_\_\_ DOB:\_\_\_\_\_

The undersigned agree to hold the death review process in strict confidence. This agreement pertains to ***all*** activities and proceedings relating to the death review process and includes, but is not limited to, informal and formal discussions, decedent records, notes, reports, findings and recommendations.

| PARTICIPANT SIGNATURE | PRINTED NAME | TITLE                 |
|-----------------------|--------------|-----------------------|
| 1. _____              | _____        | _____, Chairperson    |
| 2. _____              | _____        | _____, Recording Sec. |
| 3. _____              | _____        | _____                 |
| 4. _____              | _____        | _____                 |
| 5. _____              | _____        | _____                 |
| 6. _____              | _____        | _____                 |
| 7. _____              | _____        | _____                 |
| 8. _____              | _____        | _____                 |
| 9. _____              | _____        | _____                 |
| 10. _____             | _____        | _____                 |
| 11. _____             | _____        | _____                 |
| 12. _____             | _____        | _____                 |
| 13. _____             | _____        | _____                 |
| 14. _____             | _____        | _____                 |
| 15. _____             | _____        | _____                 |

**Attach to DRC Final Report**